



ESTATE PLANNING ♦ TRUST ADMINISTRATION

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**LAW OFFICES OF JENNIFER MONROE**

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YOUR LIFE ♦ YOUR LEGACY ♦ YOUR WAY

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**CONFIDENTIAL PERSONAL INFORMATION  
And DESIGN BOOKLET**

From Jennifer Monroe:

I am happy to provide a complimentary meeting to discuss your estate planning needs. However, in exchange for: (1) evaluating your situation; (2) reviewing your tax and financial information; and (3) meeting with me, I require you to fill out this “*Confidential Personal Information and Design*” booklet **in advance** along with the other requested information/materials. You may fill this booklet out and return it. Please note all the questions contained in this booklet may not apply to you.

Why Do I Ask This? If I do not get the information in advance of the meeting, I cannot organize it and will have to try and understand it and sift through it during the meeting. This is very inefficient and takes away from engaging with and listening to you. The Design portion also helps you to start thinking about how you want your estate plan drafted. We will discuss the Design portion in more depth when we meet.

Before I meet with you, I:

- Organize and review the information;
- Identify potential issues and start formulating proposed solutions.

When I meet with you we can spend our time together productively, discussing your unique concerns and goals.

I thank you very much for your confidence in me and for selecting my firm to help with your estate planning needs. I appreciate in advance your courtesy and cooperation in providing the information needed.

Law Offices of Jennifer Monroe

A handwritten signature in cursive script that reads "Jennifer Monroe". The signature is written in black ink and is positioned below the typed name.

# PERSONAL INFORMATION

Date Completed \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Signature Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

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Spouse's Legal Name \_\_\_\_\_

Signature Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Divorced  Widowed  Single

# ADVISORS

	Name of:	Telephone:	How often do you meet or contact advisor?	When was the last time you met with the advisor?
Attorney:				
Accountant:				
Financial Advisor:				
Personal Banker:				
Life Insurance Agent:				
Stock Broker:				
Other:				
Who Referred You?				

## CHILDREN or OTHER HEIRS *(Copy this page if necessary)*

Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Telephone \_\_\_\_\_

Natural       Legally Adopted       Married       Needs Special Care       Dependent  
 Child Of:       Both       Husband Only       Wife Only      Other: \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Telephone \_\_\_\_\_

Natural       Legally Adopted       Married       Needs Special Care       Dependent  
 Child Of:       Both       Husband Only       Wife Only      Other: \_\_\_\_\_

**CHILDREN or OTHER HEIRS (continued) (Copy this page if necessary)**

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Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Telephone \_\_\_\_\_

Natural  Legally Adopted  Married  Needs Special Care  Dependent  
Child Of:  Both  Husband Only  Wife Only Other: \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Telephone \_\_\_\_\_

Natural  Legally Adopted  Married  Needs Special Care  Dependent  
Child Of:  Both  Husband Only  Wife Only Other: \_\_\_\_\_

**OTHERS THAT DEPEND ON YOU FINANCIALLY**

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Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Telephone \_\_\_\_\_

Relation \_\_\_\_\_

How many grandchildren do you have? \_\_\_\_\_  Both  Husband Only  Wife Only

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## IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Do you have a child with a learning disability?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children receive governmental support or benefit?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have adopted children?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have special educational, medical or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your children institutionalized?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse receiving Social security, Disability or other governmental benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary, or other major financial support, to adult children?	<input type="checkbox"/>	<input type="checkbox"/>
If you have minor children, whom do you wish to be the guardians and contingent guardians, if you are unavailable? _____ _____		
Have either of you, or your spouse, been divorced?	<input type="checkbox"/>	<input type="checkbox"/>
Are you making payments pursuant to a divorce or property settlement agreement? <i>(Please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse ever signed a pre- or post-marriage agreement or contract? <i>(Please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse been widowed? <i>(If a federal estate tax return or state death tax return was filed, please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
In what states have you lived with your current spouse? During what periods of time did you reside there? _____ _____ _____		
Have you or your spouse ever filed federal or state gift tax returns? <i>(Please furnish copies of these returns)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse completed previous will, trust, or estate planning? <i>(Please furnish copies of these documents)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are both you and your spouse United States citizens? If you answered "No", who is not _____ and are you (spouse) a nonresident alien?	<input type="checkbox"/>	<input type="checkbox"/>

# YOUR CONCERNS

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Please rate the following as to how important they are to you:

(*H* high concern, *S* some concern, *L* low concern, *N/A* no concern or not applicable)

## Description

## Level of Concern

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

Providing for and protecting children.

Providing for and protecting grandchildren.

Disinheriting a family member

Providing for charities at the time of death.

Plan for the transfer and survival of a family business.

Avoiding or reducing your estate taxes.

Avoiding probate.

Reduce administration costs at time of your death

Avoiding a conservatorship (“living probate”) in case of a disability.

Avoiding will contests or other disputes upon death.

Protecting assets from lawsuits or creditors.

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

Protecting children’s inheritance from the possibility of failed marriages.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other Concerns (Please list below):

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What objectives are you trying to achieve?

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What has worked for you in your Estate / Business Planning in the past?

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What has not worked for you in your Estate / Business Planning in the past?

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What has worked for you in your Investment Planning in the past?

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What has not worked for you in your Investment Planning in the past?

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What investment objectives are you trying to achieve? (Rank 1 to 5, 1 being the most important)

- Income \_\_\_\_\_
- Earnings \_\_\_\_\_
- Meaningful for kids \_\_\_\_\_
- Charity \_\_\_\_\_
- Sleep at night \_\_\_\_\_



# INSTRUCTIONS FOR COMPLETING THE *PERSONAL INFORMATION CHECKLIST*

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**General Headings** This *Personal Information Checklist* is designed to help you list all the property you own, how it is titled, and what it is worth. You may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your property.

**Type** Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

**Evidence of Title** This indicates the document, or documents, you will need as evidence of title to your property. Please understand that having these documents is essential in transferring property to your living trust. By collecting this documentation yourself you will save substantial professional fees.

**“Owner” of Property** How you own your property is extremely important for purposes of properly designing and implementing your comprehensive estate plan. For each property category there is a column titled “Owner”. When filling in this column, please use the following abbreviations:

<b>For Property Owned As:</b>	<b>With:</b>	<b>Use:</b>
Single	If you are single and own property in your name only	I
Community Property	Husband and wife together (not in joint tenancy)	CP
Husband only	No other person. Sole and separate property.	H
Wife only	No other person. Sole and separate property.	W
In Trust Name	Property which benefits you held in trust	T (CP,H,W)
Joint Tenancy	A spouse	JTS
	Someone other than a spouse	JTO
Tenancy In Common	A spouse	TCS
	Someone other than a spouse	TCO

## BANK ACCOUNTS

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**Type:** Checking Account "CA", Savings Account "SA", Certificate of Deposit "CD" (*Indicate type below*).

**Evidence of Title:** Signature card, or the document you signed, to set up the account.

**Note:** If account is in your name (or in your spouse's name) for the benefit of a minor, please specify and give minor's name.

Name of Institution	Type	Account Number	Owner	Amount
				\$
				\$
				\$
				\$
				\$

Total \$ \_\_\_\_\_

## REAL PROPERTY YOU OWN

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**Type:** Land, buildings, homes. If you have an interest in land or buildings that you own in partnership with someone other than your spouse, you should list those under the "Partnership Interests" section. If two or more names are on a deed or contract that does not state the type of ownership, enter the property below and please use "?" for owner.

**Evidence Of Title:** Deed or land contract (Do not use mortgage or tax assessment.)

General Description and/or Address	Owner	Fair Market Value	Mortgage
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Total \$ \_\_\_\_\_ \$ \_\_\_\_\_

## BROKERAGE AND MUTUAL FUND ACCOUNTS (DO NOT INCLUDE RETIREMENT ACCOUNTS)

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**Type:** Money Market "MM", Investment "I", Cash Management "CM", or other account that is in a street name (*Indicate type below*).

**Evidence of Title:** The documents you signed to set up the account; account statement (**please provide most recent full statement**).

**Note:** If account is in your (or in your spouse's name) for the benefit of a minor, please specify and give minor's name.

Name of Brokerage Firm/Mutual Fund	Type	Account Number	Owner	Amount
				\$
				\$
				\$
				\$
				\$

Total \$ \_\_\_\_\_



## TRUST DEEDS, NOTES, AND OTHER RECEIVABLES OWED TO YOU

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**Type:** Mortgages or promissory notes payable to you; other monies owed to you.

**Evidence Of Title:** Promissory note, written contract, or other documents creating right to receive payment.

Name of Debtor	Date Due	Owed To	Payment (mo/yr)	Current Balance
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
			Total	\$ _____

## YOUR PARTNERSHIP AND LLC INTERESTS

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**Type:** General/Limited Partnerships and Limited Liability companies. Please state the percentage interest you have in the partnership when you list your interest as a general/limited partner or member.

**Evidence Of Title:** Partnership/LLC agreement, certificate of partnership, or any documents you signed when purchasing the partnership/LLC interest. Include any buy/sell agreements.

Partnership Name	Percentage Owned		Owner	Net Value
	General Partner	Ltd Partner/ Member		
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
			Total	\$ _____

## YOUR CORPORATE BUSINESS INTERESTS

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**Type:** Privately owned (nonpublicly traded) stock. *(Please indicate if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)*

**Evidence of Title:** Stock certificate, minute book.

Company	Number of shares	Buy/Sell Agreement (Y / N)	Percentage Ownership	Owner	Net Value
_____	_____	___	_____ %	_____	\$ _____
_____	_____	___	_____ %	_____	\$ _____
_____	_____	___	_____ %	_____	\$ _____
_____	_____	___	_____ %	_____	\$ _____
			Total		\$ _____

## YOUR SOLE PROPRIETORSHIP BUSINESS INTERESTS

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**Type:** All of the assets used by you in a sole proprietorship type of business ownership.

**Evidence Of Title:** Balance Sheet, depreciation schedule, registration or title issued by your state, bills of sale, fictitious name or trade name affidavit. Since a sole proprietorship is an amalgamation of assets, each asset must have evidence of title.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
			Total \$ _____

## YOUR FARM AND RANCH INTERESTS (ENTER LAND AND BUILDING VALUES IN REAL ESTATE)

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**Type:** Livestock, machinery, leases and all business assets.

**Evidence Of Title:** If your farm or ranch operation is owned by a corporation, partnership, or LLC, enter it in the appropriate section. If it is in your name, enter it here. Describe each asset.

Type	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Total \$ _____

## YOUR OIL, GAS AND MINERAL INTERESTS

---

**Type:** Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

**Evidence Of Title:** Lease agreement, deed, royalty agreement, farmout agreement, pooling agreement or other agreement you signed to create your oil, gas or mineral interest.

Type	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Total \$ _____

## **PERSONAL PROPERTY**

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**Type:** Major personal effects. Such as motor vehicles, boats, jewelry, collections, antiques, furs and all other valuable nonbusiness personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items*)

**Evidence of Title:** Registration, or title, issued by your state, bill of sale, canceled check, or source of cash to purchase property, gift tax return, or inheritance tax return, if you received property by gift or inheritance.

Type	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total	\$ _____

## **ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGEMENT**

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**Type:** Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

**Evidence of Title:** Copies of wills or trusts, copy of lawsuits or judgments, or any other document that evidences your anticipated interest.

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Estimated Value	\$ _____

## **OTHER ASSETS**

---

**Type:** Other property is any property you have that does not fit into any listed category.

**Evidence of Title:** Documents you signed to purchase the property. Documents you received when you received the property, or any other document you have that shows you own the property.

Description:

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Estimated Value	\$ _____

# LIFE INSURANCE POLICIES AND ANNUITIES *(Copy this page if necessary)*

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**Type:** Term, whole life, split dollar, group life, annuity *(Indicate type of policy below. If a corporation or company owns the policy, or pays the premium on the policy, write "Corporation".)*

**Evidence of Title:** The policy itself, including all endorsements and amendments, and the original application you signed.

Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Type \_\_\_\_\_

Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_

Insured \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Secondary Beneficiary \_\_\_\_\_

Face Amount \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Amount of Loans On Policy \$ \_\_\_\_\_

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Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Type \_\_\_\_\_

Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_

Insured \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Secondary Beneficiary \_\_\_\_\_

Face Amount \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Amount of Loans On Policy \$ \_\_\_\_\_

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Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Type \_\_\_\_\_

Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_

Insured \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Secondary Beneficiary \_\_\_\_\_

Face Amount \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Amount of Loans On Policy \$ \_\_\_\_\_

# YOUR ANNUAL INCOME

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Your W-2 Wages Per Year	\$ _____
Commissions and Bonuses	\$ _____
Stock Options	\$ _____
Interest / Dividend Income	\$ _____
Rental Income	\$ _____
All Retirement Income and Annuities	\$ _____
Social Security	\$ _____
Income from Trust Distributions	\$ _____
Other Income	\$ _____
	<b>Your Total Income</b> \$ _____
Spouse's W-2 Wages Per Year	\$ _____
Commissions and Bonuses	\$ _____
Stock Options	\$ _____
Interest / Dividend Income	\$ _____
Rental Income	\$ _____
All Retirement Income and Annuities	\$ _____
Social Security	\$ _____
Income from Trust Distributions	\$ _____
Other Income	\$ _____
	<b>Spouse's Total Income</b> \$ _____
	<b>Total Family Income (Yours + Spouse's)</b> \$ _____

# YOUR EXPENSES

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	MONTHLY	ANNUALLY
Income Taxes	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
Mortgage	\$ _____	\$ _____
Other Housing (Maintenance, Gardner, etc.)	\$ _____	\$ _____
Tuition	\$ _____	\$ _____
Travel _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
	\$ _____	\$ _____
<b>Total Family Expenses (Yours + Spouse's)</b>	<b>\$ _____</b>	<b>\$ _____</b>



## SUMMARY OF VALUES (ENTER TOTALS FROM PRIOR SECTIONS)

	Amount		Total
	Community Property Or Joint Ownership	Separate Ownership (H,W)	
<b>ASSETS</b>			
Bank Accounts	\$ _____	\$ _____	\$ _____
Real Property You Own	\$ _____	\$ _____	\$ _____
Brokerage And Mutual Fund Accounts	\$ _____	\$ _____	\$ _____
Stock and Bond Certificates Held By You	\$ _____	\$ _____	\$ _____
Stock Options Held By You	\$ _____	\$ _____	\$ _____
Trust Deeds, Notes, and Other Receivables			
Owed to You	\$ _____	\$ _____	\$ _____
Your Partnership / LLC Interests	\$ _____	\$ _____	\$ _____
Your Corporate Business Interests	\$ _____	\$ _____	\$ _____
Your Sole Proprietorship Business Interests	\$ _____	\$ _____	\$ _____
Your Farm and Ranch Interests	\$ _____	\$ _____	\$ _____
Your Oil, Gas, and Mineral Interests	\$ _____	\$ _____	\$ _____
Retirement Accounts	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____
Anticipated Inheritance, Gift, or Lawsuit Judgments	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
Death Benefit of Life Insurance Policies	\$ _____	\$ _____	\$ _____
And Annuities	\$ _____	\$ _____	\$ _____
<b>Total Assets</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>LIABILITIES</b>			
Real Estate Mortgages Payable	\$ _____	\$ _____	\$ _____
Other Loans Payable	\$ _____	\$ _____	\$ _____
Accounts Payable	\$ _____	\$ _____	\$ _____
Contingent Liabilities	\$ _____	\$ _____	\$ _____
Loans Against Life Insurance	\$ _____	\$ _____	\$ _____
Expenses	\$ _____	\$ _____	\$ _____
Unpaid Taxes	\$ _____	\$ _____	\$ _____
Other Obligations:			
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
<b>Total Liabilities</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>NET ESTATE (Total Assets Minus Liabilities)</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

## DESIGN INFORMATION

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### PERSONS TO ACT FOR YOU:

**GUARDIAN FOR MINOR CHILDREN:** If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name and Address

Relationship

_____	_____
_____	_____

**INITIAL TRUSTEE(S):** Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. Allows you to continue to jointly control your assets as before.

Name and Address

Relationship

_____	_____
_____	_____

**DISABILITY TRUSTEE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

#### FOR SELF/HUSBAND

Name and Address

Relationship

_____	_____
_____	_____
_____	_____

#### FOR WIFE

Name and Address

Relationship

_____	_____
_____	_____
_____	_____

**DEATH TRUSTEE:** After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

#### FOR SELF/HUSBAND

Name and Address

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

#### FOR WIFE

Name and Address

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

**POWER OF ATTORNEY:** If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

**SELF/HUSBAND'S AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

**WIFE'S AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Self/Husband:  Yes  No

Wife:  Yes  No

Gifting Power Details: \_\_\_\_\_

**LIVING WILL:** Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? \_\_\_\_\_ Do you want to provide that your organs and tissues should be made available for transplant purposes? \_\_\_\_\_

**HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

**SELF/HUSBAND'S AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

**WIFE'S AGENT**

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home? Self/Husband:  Yes  No Wife: Yes  No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission? Self/Husband:  Yes  No Wife: Yes  No

In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:

- Self  Disabled spouse, the needs of others.
- Disabled spouse and other spouse, and then needs of others
- Disabled spouse needs and the needs of others equally.



**PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE TO DIE**

**TO SURVIVING SPOUSE WITHOUT TAX PLANNING:** We recognize this does not provide any tax planning which may result in our beneficiaries paying significant optional estate taxes.

- All to surviving spouse.
- \_\_\_\_\_% to surviving spouse.
- Minimum allowed by law to surviving spouse.

**DIVIDE INTO MARITAL AND FAMILY TRUSTS:** Designed to maximize estate tax savings. To accomplish this an amount up to the applicable exclusion amount will be transferred to the Family Trust and the balance, if any, to the Marital Trust. This is sometimes referred to as “A/B Trust Planning”. The Marital Trust is sometimes referred to as the “A Trust” or “QTIP Trust”. The Family Trust is sometimes referred to as the “B Trust”, “By-Pass Trust” or “Credit Shelter Trust”. Also provides protection for surviving spouse from creditors and predators. You decide how much control you want the surviving spouse to have. In the event of remarriage protects property for your heirs from a new spouse in case of death or divorce.

**MARITAL DEDUCTION FORMULA (OFFICE USE ONLY):**

- Disclaimer Provision.
- Clayton Election.
- Marital Pecuniary.
- Marital Fractional.
- Credit Shelter Pecuniary

**DESIGN OF MARITAL SHARE:**

**OUTRIGHT:** We want to leave property outright to the surviving spouse. We recognize that this offers no protection from creditors, or predators. Allows surviving spouse to leave property to whomever he or she wants. Also allows a new spouse to possibly make claim on property in case of death or divorce

**GENERAL APPOINTMENT TRUST:** All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the Marital Share from the trust.

**ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for his or her needs (health, education and maintenance).

**ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

**DESIGN OF FAMILY SHARE:**

**ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for needs (health, education and maintenance).

Are descendants permissible beneficiaries of principal?\_\_\_\_\_

**INCOME AND PRINCIPAL FOR NEEDS:** All income and principal is available for needs. Income may be accumulated and not distributed.

Are descendants permissible beneficiaries of income and/or principal?\_\_\_\_\_

**ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

**WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS:** Is surviving spouse the sole trustee with a right to appoint cotrustee (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone to be the cotrustee with the surviving spouse? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



